

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/26/1950
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES 4225 LAWNSDALE LYONS, IL 605344225 LAWNSDALE LYONS, IL 60534
2b	Employer Identification Number (EIN) 36-6034076
2c	Plan Sponsor's telephone number 708-443-9000
2d	Business code (see instructions) 238100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/06/2026	MICHAEL MABUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/05/2026	MATTHEW SHAPIRO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 998
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 406 6a(2) 398 6b 350 6c 124 6d 872 6e 126 6f 998 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 68

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	823322	998	06/01/2024	05/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4631571

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 182215141
(2) Actuarial value of assets for funding standard account	1b(2) 179774533
c (1) Accrued liability for plan using immediate gain methods	1c(1) 185932537
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 173651040
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 296616753
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5970461
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11196327
(3) Expected plan disbursements for the plan year	1d(3) 11728625

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	01/30/2026
Signature of actuary JOSEPH MARA JR.	Date 23-06992
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 703-893-1456
Firm name 230 WEST MONROE STREET, SUITE 650 CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	182215141
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	473	147462769
(2) For terminated vested participants	126	22316974
(3) For active participants:		
(a) Non-vested benefits		17012934
(b) Vested benefits		109824076
(c) Total active	404	126837010
(4) Total	1003	296616753
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.43 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2024	20215		11/15/2024	692400	
07/15/2024	596738		12/15/2024	610180	
08/15/2024	727957		01/15/2025	603368	
09/15/2024	748842		02/15/2025	589917	
10/15/2024	695505		03/15/2025	509724	
Totals ▶			3(b)	7634341	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	103.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☒ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		
(2) For terminated vested participants		
(3) For active participants:		
(a) Non-vested benefits		
(b) Vested benefits		
(c) Total active		
(4) Total		
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	542744				
05/15/2025	546689				
06/15/2025	659191				
07/15/2025	90871				
			Totals ▶	3(b)	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal	b ☐ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☐ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.63 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.8 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.2 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	348025		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-402579	-41309
3	2530719	259682

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1917430

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	57683295	8334053
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 717604**e** Total charges. Add lines 9a through 9d.....**9e** 10969087**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 43930604**g** Employer contributions. Total from column (b) of line 3.....**9g** 7634341**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	7594688	1548340

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3416820**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

9j(1) 55646460

(2) "RPA '94" override (90% current liability FFL)

9j(2) 91575077

(3) FFL credit

9j(3)**k** (1) Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 56530105**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 45561018**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No	
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PARAMETRIC PORTFOLIO ASSOCIATES LLC	
20-0292745	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GREAT GRAY TRUST COMPANY, LLC	
92-1941236	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JP MORGAN INVESTMENT MANAGEMENT CO.	
13-3200244	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLUB CAPITAL	
98-1579638	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TA REALTY

82-3085243

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 52	NONE	88559	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	73031	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ARNOLD & KADJAN

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49	NONE	67586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BENEFITS MANAGEMENT GROUP INC.

20-0188125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36 49	NONE	66864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

HIG CAPITAL LLC

65-0863927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	55786	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	44000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RICHARD J. WOLF & CO., INC.

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	10595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

HINSHAW & CULBERTSON

36-2128133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	7385	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC		
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6707833
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSE EQUITY FUND LLC		
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC		
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21122973
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEP ACCOUNT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4631571
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO BOARD MARKET INDEX		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-268	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100154001
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	82437	67331
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	760976	750063
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	505992	514595
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3465529	2339572
(2) U.S. Government securities	1c(2)	11965387	15690235
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11253592	12368922
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	21591548	21777993
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	100188243	106861834
(10) Value of interest in pooled separate accounts	1c(10)	4592359	4631571
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	19407037	21122973
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8722174	9868711
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	182535274	195993800
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	38433	27952
i Acquisition indebtedness	1i		
j Other liabilities	1j	281700	493106
k Total liabilities (add all amounts in lines 1g through 1j)	1k	320133	521058
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	182215141	195472742

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7634341	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7634341
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	120467	
(B) U.S. Government securities	2b(1)(B)	421994	
(C) Corporate debt instruments	2b(1)(C)	537978	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1201670	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2282109
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	271324	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		271324
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	11464105	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11100437	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		363668
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	847185	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11944285
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		89582
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1782501
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		875213
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		26090208

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11879752	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11879752
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	65683	
(3) Recordkeeping fees	2i(3)	10595	
(4) IQPA audit fees	2i(4)	31500	
(5) Investment advisory and investment management fees	2i(5)	619991	
(6) Bank or trust company trustee/custodial fees	2i(6)	4417	
(7) Actuarial fees	2i(7)	73031	
(8) Legal fees	2i(8)	77408	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4707	
(11) Other expenses	2i(11)	65523	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		952855
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12832607

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13257601
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		21777993
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567295.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025					
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES				D Employer Identification Number (EIN) 36-6034076	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **NORTHERN GLASS INC**

b EIN **06-1644360**

c Dollar amount contributed by employer **683459**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **GLASS SOLUTIONS**

b EIN **36-4299339**

c Dollar amount contributed by employer **705956**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **CHRISTOPHER GLASS/ALUM INC**

b EIN **36-3123757**

c Dollar amount contributed by employer **327081**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **ARLINGTON GLASS & MIRROR**

b EIN **27-1603261**

c Dollar amount contributed by employer **396280**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **ACTIVE GLASS CO INC**

b EIN **36-2531891**

c Dollar amount contributed by employer **229239**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **MTH INDUSTRIES**

b EIN **01-0661925**

c Dollar amount contributed by employer **314810**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **MARK INDUSTRIES**

b EIN **36-3586094**

c Dollar amount contributed by employer **470909**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **GLASS CONCEPTS**

b EIN **45-2568767**

c Dollar amount contributed by employer **200128**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **OXFORD ERECTORS INC**

b EIN **20-3693576**

c Dollar amount contributed by employer **220158**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **CAD CONTRACT GLAZING INC**

b EIN **36-3314520**

c Dollar amount contributed by employer **208370**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **13.58**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

1.01

b The corresponding number for the second preceding plan year.....

15b

1.05

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 57.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 15.0 %

High-Yield Debt: _____ % Real Assets: 13.0 % Cash or Cash Equivalents: 1.0 % Other: 14.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number_____.

**Glaziers' Union Local No. 27
Pension and Retirement Plan**

Financial Statements

May 31, 2025

**Glaziers' Union Local No. 27
Pension and Retirement Plan**

Financial Statements with Supplementary Information

May 31, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

Report of Independent Auditors

To the Participants and Trustees of
Glaziers' Union Local No. 27
Pension and Retirement Plan

Opinion

We have audited the financial statements of Glaziers' Union Local No. 27 Pension and Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Glaziers' Union Local No. 27 Pension and Retirement Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As described in Note 7, the April 1, 2023 actuarial present value of accumulated plan benefits was restated to correct a misstatement. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of Management for the Financial Statements (continued)

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of financial statements; and
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Auditors' Responsibilities for the Audit of Financial Statements (continued)

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Legacy Professionals LLP

Westchester, Illinois

February 27, 2026

Glaziers' Union Local No. 27
Pension and Retirement Plan

Statements of Net Assets Available for Benefits

May 31, 2025 and 2024

Assets	<u>2025</u>	<u>2024</u>
Investments - at fair value		
Mutual funds	\$ 12,208,283	\$ 12,187,703
U.S. Government obligations	15,690,235	11,965,387
Corporate bonds and notes	9,553,221	8,948,671
Mortgage-backed securities	2,815,701	2,304,921
Common collective trusts	106,861,834	100,188,243
Pooled funds	25,754,544	23,999,396
Limited partnerships	<u>21,777,993</u>	<u>21,591,548</u>
Total investments	<u>194,661,811</u>	<u>181,185,869</u>
Receivables		
Employer contributions	750,063	760,976
Accrued interest and dividends	272,309	319,057
Due from related organization	25,988	51,257
Due from broker	180,568	109,236
Other	<u>24,976</u>	<u>875</u>
Total receivables	<u>1,253,904</u>	<u>1,241,401</u>
Prepaid expenses	<u>10,754</u>	<u>25,567</u>
Cash	<u>67,331</u>	<u>82,437</u>
Total assets	<u>195,993,800</u>	<u>182,535,274</u>
 Liabilities and Net Assets		
Liabilities		
Accounts payable	27,952	38,433
Due to broker	491,269	278,254
Due to related organization	<u>1,837</u>	<u>3,446</u>
Total liabilities	<u>521,058</u>	<u>320,133</u>
Net assets available for benefits	<u>\$ 195,472,742</u>	<u>\$ 182,215,141</u>

See accompanying notes to financial statements.

Glaziers' Union Local No. 27
Pension and Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value		
of investments	\$ 15,902,434	\$ 25,042,997
Interest and dividends	<u>2,553,433</u>	<u>1,379,069</u>
	18,455,867	26,422,066
Less investment expenses	<u>(575,991)</u>	<u>(783,832)</u>
Net investment income	17,879,876	25,638,234
Employer contributions	<u>7,634,341</u>	<u>8,076,272</u>
Total additions	<u>25,514,217</u>	<u>33,714,506</u>
Deductions		
Benefits paid to participants	11,879,752	10,308,319
Administrative expenses	<u>376,864</u>	<u>412,713</u>
Total deductions	<u>12,256,616</u>	<u>10,721,032</u>
Net increase	13,257,601	22,993,474
Net assets available for benefits		
Beginning of year	<u>182,215,141</u>	<u>159,221,667</u>
End of year	<u><u>\$ 195,472,742</u></u>	<u><u>\$ 182,215,141</u></u>

See accompanying notes to financial statements.

Glaziers' Union Local No. 27 Pension and Retirement Plan

Notes to Financial Statements

May 31, 2025 and 2024

Note 1. Description of the Plan

Glaziers' Union Local No. 27 Pension and Retirement Plan (the Plan) was established as a result of a collective bargaining agreement between the local union and various employers to provide benefits for eligible participants upon retirement, death or disability. The Plan is a multiemployer defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, an individual becomes eligible to participate in the Plan after completing at least 1,000 hours of work in covered employment during a 12-month period. The participant is considered fully vested in the value of their pension benefit upon attaining five years of vesting service. A year of vesting service is earned upon completing at least 1,000 hours of covered work in a 12-month period.

The Plan provides several types of pensions as follows:

- A regular pension will be provided for a participant who retires and is age 65 or older and has at least five benefit service credits. A benefit service credit is earned in increments of 1,500 hours of covered work.
- An early retirement pension will be provided to a participant who has attained age 60 with at least 10 or more years of benefit service credits or attainment of age 55 with 30 years of benefit service credits. If benefit service credits are less than 30, or age is less than 60, a reduced benefit will be provided.
- A disability pension will be provided for a participant who has not incurred a cessation of active service and has become totally and permanently disabled and has at least 10 years of either vesting service credits or benefit service credits at the time of the onset of such disability.
- A surviving spouse pension will be provided for an eligible surviving spouse of a participant who was eligible for a vested benefit. The eligible spouse would receive 50% of the monthly pension benefit accrued to the participant at the date of death. The monthly benefit is payable for the lifetime of the eligible spouse.
- Under current Plan provisions, a pre-retirement death benefit will be provided to the beneficiary or beneficiaries of an unmarried participant who was eligible for a vested benefit and who died prior to their pension commencement date. The benefit is the amount of the monthly pension accrued by the participant to the date of the participant's death and is payable for the shorter of the life or lives of the beneficiary or beneficiaries or 60 monthly payments.

Note 1. Description of the Plan (continued)

Effective June 1, 2024, the amount of the accrued benefit earned for each year of benefit service increased from \$145 to \$150. The increase applies to participants who retire on or after June 1, 2024, and worked at least 500 hours in covered employment in 2023 or 2024.

Participants should refer to the plan document for a more complete description.

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Employer Contributions - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 within a jurisdiction primarily located in the Chicagoland area.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Note 2. Summary of Significant Accounting Policies (continued)

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Reclassifications - Certain prior year amounts have been reclassified to conform to the current year presentation.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through February 27, 2026, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided while other benefits may not be provided at all.

Note 4. Tax Status

The Plan's latest determination letter is dated December 3, 2015, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 4. Tax Status (continued)

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 5. Fair Value Measurements (continued)

		Fair Value Measurements at 5/31/25 Using		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
	Total			
Mutual funds	\$ 12,208,283	\$ 12,208,283	\$ -	\$ -
U.S. Government obligations	15,690,235	15,690,235	-	-
Corporate bonds and notes	9,553,221	-	9,553,221	-
Mortgage-backed securities	2,815,701	-	2,815,701	-
	40,267,440	\$ 27,898,518	\$ 12,368,922	\$ -
Investments measured at net asset value:				
Common collective trusts	106,861,834			
Pooled funds	25,754,544			
Limited partnerships	21,777,993			
Total	\$ 194,661,811			

		Fair Value Measurements at 5/31/24 Using		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
	Total			
Mutual funds	\$ 12,187,703	\$ 12,187,703	\$ -	\$ -
U.S. Government obligations	11,965,387	11,965,387	-	-
Corporate bonds and notes	8,948,671	-	8,948,671	-
Mortgage-backed securities	2,304,921	-	2,304,921	-
	35,406,682	\$ 24,153,090	\$ 11,253,592	\$ -
Investments measured at net asset value:				
Common collective trusts	100,188,243			
Pooled funds	23,999,396			
Limited partnerships	21,591,548			
Total	\$ 181,185,869			

Note 5. Fair Value Measurements (continued)

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Level 2 Measurements

Corporate bonds and notes and mortgage-backed securities are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. Net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common collective trusts and the pooled funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Except as described below, no significant redemption restrictions exist for these investments.

In May 2023, all redemptions from one common collective trust with a fair value of \$6,707,833 and \$6,534,231 at May 31, 2025 and 2024, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The trust manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the trust's net asset value was not considered necessary as of either May 31, 2025 or 2024.

Note 5. Fair Value Measurements (continued)

The following table summarizes information regarding the limited partnership investments as of May 31, 2025 and 2024:

Fair Value		Underlying Asset Type	Redemptions	
2025	2024		Frequency	Notice Period
\$ 9,954,471	\$ 9,687,500	Infrastructure-related assets (e.g. toll roads, bridges, transmission, railroads, gas and pipelines, etc.) via holding companies	Semi-annually	90 days
\$ 4,655,820	\$ 4,660,709	Real estate assets	Quarterly	45 days
\$ 4,571,595	\$ 4,607,736	Debt investments	Not available	N/A
\$ 2,596,107	\$ 2,635,603	Limited partnership - debt	Annually	180 days

Note 6. Capital Commitments

The Plan has outstanding capital commitments of approximately \$740,000 related to two investment funds as of May 31, 2025.

Note 7. Actuarial Information

An actuarial valuation of the Plan was made by Cheiron as of May 31, 2024. Information shown in the report included the following:

Vested benefits	
Participants currently receiving payments	\$ 101,451,002
Other participants	<u>67,427,773</u>
Total vested benefits	168,878,775
Non-vested benefits	<u>10,279,893</u>
Total actuarial present value of accumulated benefits	<u>\$ 179,158,668</u>

Note 7. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended May 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year - as restated		\$ 172,257,959
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 2,565,888	
Interest	11,542,029	
Benefits paid	(10,308,319)	
Plan amendments	2,121,338	
Experience loss	1,392,486	
Administrative expenses paid	<u>(412,713)</u>	
Net increase		<u>6,900,709</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 179,158,668</u>

The actuarial present value of accumulated plan benefits of April 1, 2023 was restated to correct errors on previously reported amounts. The effect of the restatement was a decrease of \$76,749.

The actuarial valuation was made using the individual entry age normal actuarial cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality:

Healthy lives - 130% of RP-2014 Healthy Mortality Table with Blue Collar Adjustment

Disabled lives - 130% of RP-2014 Disability Mortality Table

- Retirement rates:

	Less than 30	At Least 30
<u>Age</u>	<u>Years of Service</u>	<u>Years of Service</u>
55-59	-	2.5%
60	5%	25%
61	5%	15%
62	50%	50%
63	35%	35%
64	45%	45%
65	100%	100%

- Investment rate of return - 7.00%

- Annual administrative expenses - \$360,000

Note 7. Actuarial Information (continued)

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results.

Plan amendments reflect changes in the accrued benefit rate effective June 1, 2024, as approved by the Trustees on May 1, 2024.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Because information on the accumulated plan benefits at May 31, 2025 and the changes therein for the year then ended and are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of May 31, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended May 31, 2025. The complete financial status is presented as of May 31, 2024.

As of June 1, 2025, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

Note 8. Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the underlying investments at estimated fair values using various subjective techniques.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9. Funding Policy

The Plan is primarily funded by employer contributions. Participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended May 31, 2025 and 2024, the hourly contribution rate was \$13.58 and \$13.14 respectively.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of June 1, 2024.

Note 10. Investment Concentration

The Plan held a significant portion of its assets in a common collective trust with a fair value of \$100,154,001 and \$93,641,852 as of May 31, 2025 and 2024, which represented approximately 51% of net assets available for benefits. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

Note 11. Related Organizations

The Plan is related to Glazing Employers and Glaziers' Union Local No. 27 Health and Welfare Fund (the Welfare Fund), Glaziers' Local No. 27 Joint Apprenticeship Fund, and Glaziers' Architectural Metal and Glass Workers Local Union No. 27 (the Union).

The Plan may at times pay certain administrative expenses on behalf of the Welfare Fund. Amounts due to or from the Welfare Fund may also arise from corrections related to payments made or collections received by the Welfare Fund on behalf of the Plan. During the years ended May 31, 2025 and 2024, the Plan paid \$24,563 and \$1,425 respectively, for legal fees on behalf of the Welfare Fund. Amounts due from the Welfare Fund at May 31, 2025 and 2024 totaled \$25,988 and \$51,257 respectively.

The Union pays certain administrative expenses on behalf of the Plan. Expenses include meetings, conferences and other administrative expense, and totaled \$1,837 in 2025 and \$1,745 in 2024. Amounts due to the Union at May 31, 2025 and 2024 totaled \$1,837 and \$3,446 respectively.

Note 12. Party-in-Interest Transactions

The Plan incurs expenses and receives reimbursements under several arrangements with service providers and affiliated entities, and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 13. Department of Labor Investigation

The U.S. Department of Labor (DOL) is currently conducting a review of the Plan for the general purpose of determining compliance with the Title 1 of ERISA. The Plan has provided the DOL with all requested information. The Plan's Trustees believe that investigation is routine in nature and will not have a significant impact on the Plan's operations or financial condition.



Report of Independent Auditors on Supplementary Schedules

To the Participants and Trustees of
Glaziers' Union Local No. 27
Pension and Retirement Plan

We have audited the financial statements of Glaziers' Union Local No. 27 Pension and Retirement (the Plan) as of May 31, 2025 and 2024, and our report thereon dated February 27, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Legacy Professionals LLP

Westchester, Illinois

February 27, 2026

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 4a — Illustration Supporting Actuarial Certification of Status
The Plan is not in Endangered, Seriously Endangered, or Critical status for the 2024 plan year.

Schedule MB, line 6 — Summary of Plan Provisions

A. Effective Date of Plan:

January 1, 1950.

B. Benefit Service Credit:

The sum of the following computed to the nearest one-tenth year:

1. Accumulated service prior to January 1, 1950.
2. Years of active service in the armed forces after May 1, 1940.
3. Employment since January 1, 1950 on the basis of one year's Benefit Service Credit for each 1,500 hours of such employment.

C. Accrued Benefit:

\$150.00 for each year of Benefit Service Credit effective June 1, 2024.

D. Normal Retirement

a. Eligibility	The later of age 65 and 5 th anniversary of Benefit Service Credits. Also must not engage in Prohibited Employment.
b. Benefit	Accrued Benefit.

E. Disability Retirement

a. Eligibility	Permanent disability with 10 years of Vesting Service Credits or Benefit Service Credits.
b. Benefit	Accrued Benefit.

F. Early Retirement

a. Eligibility	Attainment of age 60 and 10 years of Benefit Service Credits or attainment of age 55 and 30 years of Benefit Service Credits.
b. Benefit	Less than 30 years of service – Accrued Benefit reduced by ½ of 1% for each month preceding the normal retirement. 30 or more years of service and less than age 60, Accrued Benefit reduced by ½ of 1% for each month preceding age 60. 30 or more years of service and at least age 60, there is no reduction in the Accrued Benefit.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

G. Deferred Vested Retirement

a. Eligibility	Employee has ceased active service and has 10 or more years of either Vesting Service Credits or Benefit Service Credits. Effective June 1, 1998, members who work at least 1 hour after May 31, 1998 and have at least 5 years of vesting or credited service are vested.
b. Benefit	Accrued Benefit payable at normal retirement age.

H. Pre-Retirement Spouse Death Benefit

a. Eligibility	At least 5 years of either Vesting Service Credits or Benefit Service Credits at death.
b. Benefit	One-half of the Accrued Benefit.

I. Benefit Forms

The normal form is the 50% Joint and Survivor Annuity for married participants and the Single Life Annuity for single employees. There is no reduction for the 50% Joint and Survivor form. Other forms are the 75% and 100% Joint and Survivor Annuities and the 10 year certain and continuous annuity. Benefits paid under these forms are the actuarial equivalent of the Single Life Annuity.

J. Plan Coverage

Journeyman Glaziers who are employed in that capacity by any employer in the jurisdictional area of the Union.

K. Plan Year

The twelve month period ending May 31st.

L. Vesting Service

One-year for 1,000 hours in a plan year.

M. Plan Amendments since Last Valuation

- The amount of Accrued Benefit earned for each year of benefit Service Credit increased from \$145 to \$150, effective June 1, 2024.
- The hourly contribution rate increased from \$13.14 to \$13.58, effective June 1, 2024.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

N. Contribution Rate and Benefit Level

Effective Date	Benefit Level	Retiree Increase	Hourly Contribution
6/1/1994	\$28.50		\$2.56
6/1/1995	28.50		2.61
6/1/1996	29.50	3.0%	2.76
6/1/1997	30.50	3.0%	2.91
6/1/1998	32.50		3.16
6/1/1999	37.50		3.36
9/1/2000	49.50		3.81
6/1/2001	49.50		4.20
1/1/2002	70.00	5.0%	4.40
6/1/2003	70.00		4.40
6/1/2004	75.00		4.75
6/1/2005	80.00		5.05
6/1/2006	85.00		5.40
6/1/2007	85.00		5.65
6/1/2008	90.00		6.00
6/1/2009	90.00		6.50
6/1/2010	95.00		6.99
6/1/2011	95.00		7.49
6/1/2012	95.00		7.99
6/1/2013	100.00		8.49
6/1/2014	100.00		8.99
6/1/2015	105.00		9.54
6/1/2016	110.00		10.04
6/1/2017	115.00		10.54
6/1/2018	120.00		11.04
6/1/2019	125.00		11.54
1/1/2021	130.00		11.54
6/1/2021	135.00		12.04
12/1/2021	--	13 th check	--
6/1/2022	140.00		12.59
6/1/2023	145.00		13.14
6/1/2024	150.00		13.58

GLAZIERS' UNION LOCAL NO. 27 PENSION AND RETIREMENT PLAN
36-6034076 Plan 001

SCHEDULE SUPPORTING FORM 5500 FOR 2024
Sch H, Part IV, Line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(A)	(B) Identity of issue, borrower, lessor or similar party	(C) Description of investment including maturity date, rate of interest par or maturity			(D) Cost	(E) Current Value
		Description	Maturity	Rate of Interest		
	Interest Bearing Cash					
	Goldman Financial Square Gov't-A				\$ 2,339,572	\$ 2,339,572
	US Government Securities				15,868,252	15,690,235
	Corporate Debt Securities					
	Collateralized Mortgage Obligations				2,844,676	2,815,701
	Corporate Bonds				9,631,795	9,553,221
	Total Corporate Debt Securities				12,476,471	12,368,922
	Partnership/Joint Venture Interests					
	Golub Capital Partners International 14 LP				3,230,778	4,571,595
	HIG Whitehorse Principal Lending Offshore Feeder Fund LP				2,207,146	2,596,107
	JPM IIF ERISA Hedged LP				6,517,344	9,954,471
	TA Realty Core Property Fund LP				5,309,926	4,655,820
	Total Partnership/Joint Venture Interests				17,265,194	21,777,993
	Value of interest in common/collective trusts					
	AFL-CIO Building Investment Trust				5,343,641	6,707,833
	BNYM Mellon AFL-CIO SL Broad Market Stock Index Fund				69,070,480	100,154,001
	Total Value of Interest in Common/Collective Trusts				74,414,121	106,861,834
	Value of interest in pooled separate accounts					
	Principal U.S. Property Separate Account				5,600,000	4,631,571
	Value of interest in 103-12 investment entities					
	Parametric Defense Equity Fund LLC				11,200,000	21,122,973
	Value of interest in registered investment companies					
	Vanguard Developed Market Index - Institutional				7,308,880	9,868,711
	Investments per Form 5500				\$ 146,472,490	\$ 194,661,811



TRADE DATE - INCOME ACCRUALS Page 9

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
U S GOVERNMENT OBLIGATIONS						
60,000	U.S. TREASURY NOTES 1.5% 08/15/2026 9128282A7	61,481.93	96.973	58,183.80	900	1.55
1,345,000	U.S. TREASURY NOTES 2.25% 08/15/2027 9128282R0	1,308,581.16	96.52	1,298,194.00	30,263	2.33
1,117,000	U.S. TREASURY NOTES 2.25% 11/15/2027 9128283F5	1,184,613.54	96.164	1,074,151.88	25,133	2.34
67,000	U.S. TREASURY NOTES 2.75% 02/15/2028 9128283W8	63,341.44	97.074	65,039.58	1,843	2.83
1,221,000	U.S. TREASURY NOTES 2.875% 08/15/2028 9128284V9	1,292,196.15	96.914	1,183,319.94	35,104	2.97
1,014,000	U.S. TREASURY NOTES 1.5% 02/15/2030 912828Z94	890,235.16	89.504	907,570.56	15,210	1.68
515,000	U.S. TREASURY NOTES .625% 05/15/2030 912828ZQ6	419,874.13	85.012	437,811.80	3,219	0.74
171,000	U.S. TREASURY NOTES 1.25% 08/15/2031 91282CCS8	146,087.37	84.348	144,235.08	2,138	1.48
19,000	U.S. TREASURY NOTES 1.25% 11/30/2026 91282CDK4	19,069.77	96.008	18,241.52	238	1.30
43,000	U.S. TREASURY NOTES 1.875% 02/15/2032 91282CDY4	39,393.88	86.606	37,240.58	806	2.16
54,000	U.S. TREASURY NOTES 2.875% 05/15/2032 91282CEP2	51,384.59	92.09	49,728.60	1,553	3.12
847,000	U.S. TREASURY NOTES 2.625% 07/31/2029 91282CFC0	787,833.01	94.969	804,387.43	22,234	2.76
308,000	U.S. TREASURY NOTES 2.75% 08/15/2032 91282CFF3	283,143.65	90.973	280,196.84	8,470	3.02



TRADE DATE - INCOME ACCRUALS Page 10

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
179,400	U.S. TREASURY NOTES 4.125% 11/15/2032 91282CFV8	183,017.76	99.418	178,355.89	7,400	4.15
60,900	U.S. TREASURY NOTES 3.5% 02/15/2033 91282CGM7	59,456.75	95.09	57,909.81	2,132	3.68
853,000	U.S. TREASURY NOTE 3.75% 05/31/2030 91282CHF1	830,101.47	98.863	843,301.39	31,988	3.79
42,000	U.S. TREASURY NOTES 3.875% 08/15/2033 91282CHT1	39,906.56	97.106	40,784.52	1,628	3.99
1,321,000	U.S. TREASURY NOTES 3.75% 12/31/2028 91282CJR3	1,291,539.93	99.441	1,313,615.61	49,538	3.77
117,000	U.S. TREASURY NOTES 4% 02/15/2034 91282CIJZ5	115,285.79	97.508	114,084.36	4,680	4.10
141,000	U.S. TREASURY NOTES 4.25% 02/28/2029 91282CKD2	140,879.30	101.102	142,553.82	5,993	4.20
56,000	U.S. TREASURY NOTES 4.625% 04/30/2029 91282CKP5	55,956.25	102.457	57,375.92	2,590	4.51
197,100	U.S. TREASURY NOTES 4.375% 05/15/2034 91282CKQ3	200,884.94	100.082	197,261.62	8,623	4.37
123,000	U.S. TREASURY NOTES 4.5% 05/31/2029 91282CKT7	123,850.84	102.031	125,498.13	5,535	4.41
1,113,000	U.S. TREASURY NOTES 4.25% 06/30/2029 91282CKX8	1,134,568.10	101.117	1,125,432.21	47,303	4.20
997,000	U.S. TREASURY NOTES 4.625% 06/30/2026 91282CKY6	1,002,808.16	100.484	1,001,825.48	46,111	4.60
719,000	U.S. TREASURY NOTES 4% 07/31/2029 91282CLC3	725,478.38	100.188	720,351.72	28,760	3.99



TRADE DATE - INCOME ACCRUALS Page 11

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
166,000	U.S. TREASURY BONDS 3.875% 08/15/2034 91282CLF6	163,702.02	96.141	159,594.06	6,433	4.03
286,000	U.S. TREASURY NOTES 4.125% 10/31/2029 91282CLR0	286,369.63	100.625	287,787.50	11,798	4.10
291,000	U.S. TREASURY NOTES 4.125% 11/30/2031 91282CLZ2	290,700.75	99.809	290,444.19	12,004	4.13
278,000	U.S. TREASURY NOTES 4% 12/15/2027 91282CMB4	281,018.91	100.273	278,758.94	11,120	3.99
178,000	U.S. TREASURY NOTES 4.5% 12/31/2031 91282CMC2	178,522.20	101.91	181,399.80	8,010	4.42
287,000	U.S. TREASURY NOTES 4.25% 01/15/2028 91282CMF5	287,000.96	100.856	289,456.72	12,198	4.21
1,025,000	U.S. TREASURY NOTES 4.25% 01/31/2030 91282CMG3	1,030,541.06	101.145	1,036,736.25	43,563	4.20
216,000	U.S. TREASURY NOTES 4.125% 01/31/2027 91282CMH1	215,654.79	100.203	216,438.48	8,910	4.12
661,900	U.S. TREASURY NOTES 02/15/2035 91282CMM0	683,771.32	101.672	672,966.97	0	0.00
	TOTAL U S GOVERNMENT OBLIGATIONS	15,868,251.65		15,690,235.00	503,428	3.21
COLLATERALIZED MTG OBLIG						
100,000	AMERICAN EXPRESS CR ACCT MSTR TR 3.75% 08/16/2027 02582JJV3	96,648.44	99.839	99,839.00	3,750	3.76
111,115.46	BRAVO RESIDENTIAL FUNDING TR 2 SERIES 24-NQM3 CLASS A1 6.191% 03/25/2064 10569LAA3	111,113.72	100.6508	111,838.63	6,879	6.15
140,080.58	BRAVO RESIDENTIAL FUNDING TR 2 SERIES 25-NQM1 CLASS A1 5.604% 12/25/2064 10569MAC7	140,080.51	100.2042	140,366.67	7,850	5.59



TRADE DATE - INCOME ACCRUALS Page 12

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
55,814.75	BXG RECEIVABLES NT TRUST 5.77% 11/15/2038 123919AA0	55,625.52	101.2103	56,490.25	3,221	5.70
77,190.5	CIM TRUST SERIES 21-R6 CLASS A1 1.425% 07/25/2061 12567RAA8	77,190.08	88.4627	68,284.78	1,100	1.61
71,578.52	CREDIT SUISSE MORTGAGE TRUST SERIES 21-RPL2 CLASS A1A 1.11456% 01/25/2060 12656TAB4	71,578.48	83.6413	59,869.19	798	1.33
111,984.37	CREDIT SUISSE MTG SERIES 21-RPL6 CLASS A1 2% 10/25/2060 12657GAA3	106,002.20	89.6643	100,409.98	2,240	2.23
72,826.45	COLT FUNDING LLC SERIES 24-2 CLA1 6.125% 04/25/2069 12665LAA2	73,622.99	100.5415	73,220.78	4,461	6.09
50,000	CAP ONE MULTI-ASSET EXE TRUST SERIES 19-A3 CLASS A3 2.06% 08/15/2028 14041NFV8	48,076.17	97.2424	48,621.22	1,030	2.12
150,000	CHASE ISSUANCE TRUST CHASE ISSUANCE TRUST SERIES 23-A1 CLASS A 5.16% 09/15/2028 161571HT4	152,314.45	100.9699	151,454.79	7,740	5.11
195,000	FHLMC SERIES K067 CLASS A2 3.194% 07/25/2027 3137FAWS3	187,867.65	97.784	190,678.74	6,228	3.27
200,000	FHLMC FHLMC SERIES K070 CLASS A2 3.303% 11/25/2027 3137FCJK1	194,500.00	97.8194	195,638.70	6,606	3.38
100,000	FIRST NATIONAL MASTER NOTE TRUST 2 SERIES 23-1 CLASS A 5.13% 04/15/2029 32113CBV1	100,230.47	100.4654	100,465.37	5,130	5.11
45,000	FIRST NATIONAL MASTER NOTE TRUST 5.77% 09/17/2029 32113CBY5	44,993.07	101.6428	45,739.27	2,597	5.68
239,852.62	GM FINANCIAL SERIES 21-3 CLASS A4 .73% 08/16/2027 380140AD5	239,801.33	99.3321	238,250.55	1,751	0.73



TRADE DATE - INCOME ACCRUALS Page 13

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
.07	GOODLEAP SUSTAINABLE HOME SERIES 21-4GS CLASS A 1.93% 07/20/2048 38237GAA7	0.07	79.4374	0.06	0	0.00
64,966.28	HIN TIMESHARE TRUST SERIES 24-A CL A 5.49% 03/15/2043 40472QAA5	64,949.38	100.7041	65,423.71	3,567	5.45
100,000	HUDSON YARDS 2 SERIES 25-SPRL CLASS A 5.46684% 01/13/2040 44855PAA6	100,000.00	101.9226	101,922.60	5,467	5.36
70,520.5	MVW OWNER TRUST 5.32% 02/20/2043 62847RAA5	70,516.64	101.0203	71,239.99	3,752	5.27
46,839.83	MVW OWNER TRUST SERIES 23-1A CLASS A 4.93% 10/20/2040 62848PAA8	46,838.13	100.2508	46,957.32	2,309	4.92
83,158.67	NEW RESIDENTIAL MORTGAGE NEW RESIDENTIAL MTG SERIES 19-4A CLASS A1B 3.5% 12/25/2058 64830WAD3	77,909.27	92.8399	77,204.40	2,911	3.77
74,187.56	ONSLow BAY FINANCIAL LLC 2 SERIES 24-NQM4 CLASS A1 6.067% 01/25/2064 67118TAA2	74,186.23	100.4616	74,529.99	4,501	6.04
100,000	SCF EQUIPMENT TRUST LLC 2 SERIES 25-1A CLASS A3 5.11% 11/21/2033 78437DAC4	99,993.12	101.1769	101,176.92	5,110	5.05
89,729.36	SIERRA RECEIVABLES FUNDING CO. SERIES 25-1A CLASS A 4.81% 01/21/2042 82653CAA9	89,727.94	99.8966	89,636.62	4,316	4.81
34,071.91	SIERRA RECEIVABLES FUNDING CO. SER 23-1A CLASS A 5.2% 01/20/2040 826943AA0	34,071.92	100.0843	34,100.63	1,772	5.20
52,378.1875	SIERRA RECEIVABLES FUNDING SERIES 23-3A CLASS A 6.1% 09/20/2040 826944AA8	52,901.97	102.3586	53,613.56	3,195	5.96
75,355.78	TOWD POINT MORTGAGE TRUST SERIES 17-4 CLASS A1 2.75% 06/25/2057 89173UAA5	72,718.32	97.1949	73,241.94	2,072	2.83



TRADE DATE - INCOME ACCRUALS Page 14

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
32,080.86	TOWD POINT MRTG TR SERIES 18-4 CLASS A1 3% 06/25/2058 89175TAA6	33,985.68	94.0584	30,174.74	962	3.19
67,113.28	TOWD POINT MORTGAGE TRUST SERIES 19-4 CLASS A1 2.9% 07/25/2059 89178BAA2	67,763.91	95.5182	64,105.39	1,946	3.04
149,919.93	TOWD POINT MORTGAGE TRUST SERIES 20-4 CLASS A1 1.75% 10/25/2060 89179JAA4	139,463.97	90.1942	135,219.04	2,624	1.94
50,116.31	TOWD POINT MORTGAGE TRUST 2.25% 11/25/2061 89179YAR4	50,944.30	92.7184	46,467.02	1,128	2.43
72,440.74	TOWD POINT MTG TR 2 SERIES 23-1 CL A1 3.75% 01/25/2063 89181JAA0	69,060.58	95.9663	69,518.71	2,717	3.91
	TOTAL COLLATERALIZED MTG OBLIG	2,844,676.51		2,815,700.56	109,730	3.90
CORPORATE BONDS						
37,000	APTIV PLC APTIV PLC 3.25% 03/01/2032 00217GAB9	35,378.40	87.69	32,445.30	1,203	3.71
28,000	ABBOTT LABORATORIES 1.4% 06/30/2030 002824BQ2	26,328.10	87.195	24,414.60	392	1.61
56,000	ABBVIE INC 4.95% 03/15/2031 00287YDT3	56,197.06	101.535	56,859.60	2,772	4.88
62,000	ADVANCED MICRO DEVICES INC ADVANCED MICRO DEVICES 3.924% 06/01/2032 007903BF3	60,892.05	95.091	58,956.42	2,433	4.13
37,000	ALLSTATE CORP 5.25% 03/30/2033 020002BK6	37,744.50	101.093	37,404.41	1,943	5.19
94,000	ALLSTATE CORP 5.05% 06/24/2029 020002BL4	94,098.44	102.059	95,935.46	4,747	4.95
14,000	ALLY FINANCIAL INC VARIABLE RATE BOND 5.737% 05/15/2029 02005NBZ2	14,000.00	100.918	14,128.52	803	5.68



TRADE DATE - INCOME ACCRUALS Page 15

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
85,000	AMERICAN EXPRESS CO 5.532% 04/25/2030 025816DU0	86,322.15	103.224	87,740.40	4,702	5.36
60,000	AMERICAN HOMES 4 RENT 5.5% 02/01/2034 02666TAG2	59,970.77	99.72	59,832.00	3,300	5.52
22,000	AMERICAN INTL GROUP AMERICAN INTERNATIONAL 5.45% 05/07/2035 026874DX2	21,989.88	100.365	22,080.30	1,199	5.43
20,000	AMGEN INC 2% 01/15/2032 031162CZ1	18,485.03	83.943	16,788.60	400	2.38
25,000	AMGEN INC 5.15% 03/02/2028 031162DP2	25,062.66	101.802	25,450.50	1,288	5.06
32,000	AMPHENOL CORP 2.8% 02/15/2030 032095AJ0	31,016.95	92.886	29,723.52	896	3.01
56,000	APPLOVIN 5.125% 12/01/2029 03831WAB4	55,997.05	100.672	56,376.32	2,870	5.09
66,000	ARCELORMITTAL 6.55% 11/29/2027 03938LBE3	66,970.70	103.647	68,407.02	4,323	6.32
59,000	ARTHUR J GALLAGHER & CO 5.15% 02/15/2035 04316JAN9	58,779.93	98.289	57,990.51	3,039	5.24
97,000	ASTRAZENECA PLC 4% 01/17/2029 046353AT5	96,794.17	99.107	96,133.79	3,880	4.04
34,000	AVIATION CAPITAL GROUP 1.95% 01/30/2026 05369AAK7	33,148.05	98.038	33,332.92	663	1.99
86,000	AVOLON HOLDINGS FNDG LTD 5.75% 11/15/2029 05401AAV3	85,748.48	101.638	87,408.68	4,945	5.66
	BAT CAPITAL CORP 6% 02/20/2034 05526DBZ7	0.00	103.83	0.00	0	0.00
70,000	BAT CAPITAL CORP 5.625% 08/15/2035 05526DCC7	70,137.20	100.736	70,515.20	3,938	5.58



TRADE DATE - INCOME ACCRUALS Page 16

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
179,000	BANK OF AMERICA CORP VARIABLE RATE BOND 2.496% 02/13/2031 06051GHZ5	167,566.61	90.152	161,372.08	4,468	2.77
112,000	BANK OF AMERICA CORP BANK OF AMERICA CORP 5.819% 09/15/2029 06051GLS6	115,144.96	103.551	115,977.12	6,517	5.62
26,000	BANK OF AMERICA CORP BANK OF AMERICA CORP 5.464% 05/09/2036 06051GMW6	26,000.00	100.428	26,111.28	1,421	5.44
22,000	BANK OF NY MELLON 5.606% 07/21/2039 06406YAB8	22,096.84	99.808	21,957.76	1,233	5.62
36,000	BOARDWALK PIPELINES LP 3.4% 02/15/2031 096630AH1	34,681.62	91.264	32,855.04	1,224	3.73
88,000	BOEING CO 5.15% 05/01/2030 097023CY9	87,622.70	100.807	88,710.16	4,532	5.11
27,000	BOEING CO 6.528% 05/01/2034 097023DS1	28,482.03	106.629	28,789.83	1,763	6.12
51,000	BRISTOL MYERS SQUIBB CO 5.2% 02/22/2034 110122EH7	51,357.88	100.583	51,297.33	2,652	5.17
61,000	BROADCOM INC BROADCOM INC 5.15% 11/15/2031 11135FBY6	61,089.06	101.698	62,035.78	3,142	5.06
68,000	BUNGE LTD FINANCE CORP 4.2% 09/17/2029 120568BE9	67,923.84	98.636	67,072.48	2,856	4.26
28,000	THE CIGNA GROUP 5.25% 02/15/2034 125523CV0	28,020.15	99.687	27,912.36	1,470	5.27
55,000	CSL FINANCE PLC 1 CSL FINANCE PLC 4.05% 04/27/2029 12661PAB5	54,324.09	98.387	54,112.85	2,228	4.12
20,000	CVS HEALTH CORPORATION 5.25% 01/30/2031 126650DX5	19,990.85	100.704	20,140.80	1,050	5.21



TRADE DATE - INCOME ACCRUALS Page 17

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
28,000	CVS HEALTH CORPORATION 5.7% 06/01/2034 126650ED8	28,063.03	100.404	28,113.12	1,596	5.68
54,000	CADENCE DESIGN SYSTEMS INC 4.3% 09/10/2029 127387AN8	53,923.32	99.26	53,600.40	2,322	4.33
64,000	CANADIAN IMPERIAL BANK 5.245% 01/13/2031 13607PVQ4	64,000.00	101.529	64,978.56	3,357	5.17
97,000	CANADIAN PACIFIC RR CO 2.45% 12/02/2031 13645RBF0	84,402.72	86.511	83,915.67	2,377	2.83
20,000	CAPITAL ONE FINANCIAL CO 6.183% 01/30/2036 14040HDJ1	20,000.00	99.172	19,834.40	1,237	6.23
37,000	CARDINAL HEALTH INC 5.45% 02/15/2034 14149YBP2	37,170.98	100.901	37,333.37	2,017	5.40
50,000	CARGILL INC CARGILL INC 5.125% 02/11/2035 141781CD4	49,849.00	98.728	49,364.00	2,563	5.19
42,000	CENTENE CORP 3.375% 02/15/2030 15135BAV3	37,024.22	91.113	38,267.46	1,418	3.70
28,000	CHARTER COMM OPT LLC/CAP 4.908% 07/23/2025 161175AY0	29,122.32	99.985	27,995.80	1,374	4.91
49,000	CHARTER COMM OPT LLC/CAP 6.1% 06/01/2029 161175CQ5	50,072.61	104.016	50,967.84	2,989	5.86
37,000	CHEVRON USA INC. 3.25% 10/15/2029 166756AS5	36,312.70	95.889	35,478.93	1,203	3.39
15,000	CITADEL LP 6% 01/23/2030 17288XAD6	14,902.50	102.306	15,345.90	900	5.86
71,000	CITIGROUP INC 1 6.174% 05/25/2034 17327CAR4	71,622.87	102.307	72,637.97	4,384	6.03



TRADE DATE - INCOME ACCRUALS Page 18

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
69,000	COMCAST CORP 4.8% 05/15/2033 20030NEE7	68,653.49	98.143	67,718.67	3,312	4.89
61,000	COREBRIDGE FINANCIAL INC 5.75% 01/15/2034 21871XAS8	62,819.97	101.732	62,056.52	3,508	5.65
26,000	CORPORATE OFFICE PROP LP 2.25% 03/15/2026 22003BAL0	25,470.04	97.895	25,452.70	585	2.30
72,000	DELL INT LLC/EMC CORP 4.35% 02/01/2030 24703DBP5	71,915.76	98.192	70,698.24	3,132	4.43
32,000	DIAMONDBACK ENERGY INC 3.125% 03/24/2031 25278XAR0	30,713.19	90.224	28,871.68	1,000	3.46
43,000	EIDP INC EIDP INC 5.125% 05/15/2032 263534CS6	42,820.26	100.833	43,358.19	2,204	5.08
23,000	DUKE ENERGY CORPORATION 5% 12/08/2027 26441CBW4	23,043.75	101.161	23,267.03	1,150	4.94
86,000	ELEMENT FLEET MANAGEMENT 6.271% 06/26/2026 286181AH5	86,464.50	101.452	87,248.72	5,393	6.18
87,000	ENBRIDGE INC 5.3% 04/05/2029 29250NCB9	87,314.76	102.133	88,855.71	4,611	5.19
80,000	ENERGY TRANSFER EQUITY LP 5.55% 02/15/2028 29273VAP5	80,690.34	102.385	81,908.00	4,440	5.42
57,000	EQUIFAX INC 5.1% 12/15/2027 294429AV7	57,084.17	100.949	57,540.93	2,907	5.05
12,000	EQUITABLE HOLDINGS 5.594% 01/11/2033 29452EAC5	12,137.25	101.865	12,223.80	671	5.49
69,000	EXPEDIA INC 5.4% 02/15/2035 30212PBL8	68,528.04	98.602	68,035.38	3,726	5.48
55,000	META PLATFORMS INC 4.95% 05/15/2033 30303M8N5	55,296.14	100.906	55,498.30	2,723	4.91



TRADE DATE - INCOME ACCRUALS Page 19

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
50,000	FISERV INC 5.45% 03/02/2028 337738BD9	50,304.75	102.228	51,114.00	2,725	5.33
87,000	FORTIS INC 3.055% 10/04/2026 349553AM9	87,366.18	97.957	85,222.59	2,658	3.12
23,000	FORTITUDE GROUP HOLDINGS B CLASS 6.25% 04/01/2030 34966XAA6	22,962.97	101.165	23,267.95	1,438	6.18
149,000	GXO LOGISTICS INC 2.65% 07/15/2031 36262GAD3	140,281.20	84.661	126,144.89	3,949	3.13
32,000	GXO LOGISTICS INC 6.5% 05/06/2034 36262GAG6	31,886.40	102.028	32,648.96	2,080	6.37
100,000	GE HEALTHCARE HLDG LLC GE HEALTHCARE TECH INC 5.857% 03/15/2030 36267VAH6	104,964.00	104.649	104,649.00	5,857	5.60
111,000	GENERAL MOTORS FINL CO 2.35% 02/26/2027 37045XDR4	107,299.15	95.651	106,172.61	2,609	2.46
31,000	GEORGIA-PACIFIC LLC 4.95% 06/30/2032 37331NAT8	30,861.43	100.165	31,051.15	1,535	4.94
62,000	GLENCORE FUNDING LLC 2.625% 09/23/2031 378272BG2	58,518.12	86.354	53,539.48	1,628	3.04
163,000	GOLDMAN SACHS GROUP INC 3.85% 01/26/2027 38141GWB6	165,417.82	99.094	161,523.22	6,276	3.89
102,000	GRAPHIC PACKAGING INTL 1.512% 04/15/2026 38869PAP9	99,426.74	96.788	98,723.76	1,542	1.56
71,000	HCA INC 5.6% 04/01/2034 404119CU1	71,833.04	100.357	71,253.47	3,976	5.58
31,000	HEALTH CARE SVCS CORP HEALTH CARE SERVICE CORP 5.45% 06/15/2034 42218SAL2	31,006.44	100.073	31,022.63	1,690	5.45



TRADE DATE - INCOME ACCRUALS Page 20

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
76,000	HEICO CORP HEICO CORP GLB 5.35% 08/01/2033 422806AB5	75,093.88	100.845	76,642.20	4,066	5.31
65,000	HEWLETT PACKARD ENTERPRISE 4.85% 10/15/2031 42824CBU2	64,940.20	99.097	64,413.05	3,153	4.89
18,000	HOLCIM FINANCE US LLC 4.95% 04/07/2030 43475RAC0	17,985.06	100.519	18,093.42	891	4.92
85,000	HUNTINGTON INGALLS INDUSTRIES 2.043% 08/16/2028 446413AZ9	81,725.09	92.166	78,341.10	1,737	2.22
47,000	HYATT HOTELS CORP 5.25% 06/30/2029 448579AR3	46,921.25	100.705	47,331.35	2,468	5.21
57,000	INFOR INC 1.75% 07/15/2025 45674CAA1	56,107.17	99.574	56,757.18	998	1.76
45,000	INGERSOLL RAND INC 5.45% 06/15/2034 45687VAF3	45,252.58	100.826	45,371.70	2,453	5.41
152,000	JPM CHASE & CO 3.782% 02/01/2028 46625HRY8	147,978.30	98.643	149,937.36	5,749	3.83
112,000	JPMORGAN CHASE CO 5.012% 01/23/2030 46647PEB8	112,714.32	101.131	113,266.72	5,613	4.96
21,000	JPMORGAN CHASE CO 5.766% 04/22/2035 46647PEH5	21,000.00	103.206	21,673.26	1,211	5.59
44,000	KLA CORPORATION 4.65% 07/15/2032 482480AL4	43,144.52	99.261	43,674.84	2,046	4.68
37,000	KEURIG DR PEPPER INC 3.2% 05/01/2030 49271VAJ9	35,904.17	93.273	34,511.01	1,184	3.43
41,000	KEYSIGHT TECHNOLOGIES INC 4.6% 04/06/2027 49338LAE3	41,902.44	100.122	41,050.02	1,886	4.59



TRADE DATE - INCOME ACCRUALS Page 21

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
32,000	LKQ CORP 6.25% 06/15/2033 501889AF6	32,174.76	104.051	33,296.32	2,000	6.01
28,000	LPL HOLDINGS INC 5.7% 05/20/2027 50212YAJ3	28,405.72	101.646	28,460.88	1,596	5.61
69,000	LABORATORY CORP OF AMER HLDGS 4.35% 04/01/2030 50540RAZ5	68,952.39	98.133	67,711.77	3,002	4.43
86,000	LAM RESEARCH CORP 1.9% 06/15/2030 512807AV0	81,589.90	88.126	75,788.36	1,634	2.16
200,000	LLOYDS BANKING GROUP PLC 5.985% 08/07/2027 539439AY5	201,700.00	101.378	202,756.00	11,970	5.90
73,000	LOWE'S COS INC 3.65% 04/05/2029 548661DR5	71,764.15	96.943	70,768.39	2,665	3.77
26,000	M&T BANK CORPORATION 7.413% 10/30/2029 55261FAS3	28,479.36	107.855	28,042.30	1,927	6.87
21,000	M&T BANK CORPORATION M&T BANK CORPORATION 5.385% 01/16/2036 55261FAV6	20,187.30	97.226	20,417.46	1,131	5.54
39,000	WARNERMEDIA HLDGS INC 4.279% 03/15/2032 55903VBC6	37,392.95	84.864	33,096.96	1,669	5.04
85,000	MEDTRONIC GLOBAL HLDINGS 4.25% 03/30/2028 58507LBB4	84,469.44	100.163	85,138.55	3,613	4.24
55,000	MICROCHIP TECHNOLOGY INC 5.05% 03/15/2029 595017BE3	55,054.35	100.59	55,324.50	2,778	5.02
62,000	MICRON TECHNOLOGY INC 5.3% 01/15/2031 595112CD3	62,108.59	100.537	62,332.94	3,286	5.27
	MORGAN STANLEY .985% 12/10/2026 6174468V4	0.00	97.988	0.00	0	0.00



TRADE DATE - INCOME ACCRUALS Page 22

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
17,000	MORGAN STANLEY SER 1 MTN 5.164% 04/20/2029 61747YFD2	17,219.13	101.351	17,229.67	878	5.10
31,000	MORGAN STANLEY SER 1 MTN 5.466% 01/18/2035 61747YFL4	31,048.36	100.423	31,131.13	1,694	5.44
130,000	MORGAN STANLEY SER 1 MTN 5.656% 04/18/2030 61747YFQ3	132,544.10	103.157	134,104.10	7,353	5.48
51,000	MORGAN STANLEY SER 1 MTN 5.32% 07/19/2035 61747YFT7	51,138.06	99.218	50,601.18	2,713	5.36
22,000	NXP BV/NXP FDG/NXP USA 3.4% 05/01/2030 62954HAY4	21,944.56	93.332	20,533.04	748	3.64
250,000	NATL AUSTRALIA BANK 4.5% 10/26/2027 632525CA7	249,272.50	100.522	251,305.00	11,250	4.48
53,000	NVIDIA CORP 2.85% 04/01/2030 67066GAF1	51,412.27	93.987	49,813.11	1,511	3.03
52,000	NUTRIEN LTD 4.2% 04/01/2029 67077MAT5	51,426.99	98.328	51,130.56	2,184	4.27
30,000	OCCIDENTAL PETROLEUM CORP 5.2% 08/01/2029 674599EJ0	30,037.05	99.328	29,798.40	1,560	5.24
136,000	OHIO POWER CO 1.625% 01/15/2031 677415CT6	122,867.30	83.682	113,807.52	2,210	1.94
66,000	ONEOK INC 6.1% 11/15/2032 682680BG7	67,189.60	103.872	68,555.52	4,026	5.87
79,000	ORACLE CORP 6.15% 11/09/2029 68389XCH6	81,186.01	106.124	83,837.96	4,859	5.80
30,000	OVINTIV INC 6.25% 07/15/2033 69047QAC6	30,330.50	99.948	29,984.40	1,875	6.25
106,000	PNC FINANCIAL SERVICES 5.3% 01/21/2028 693475BV6	105,996.64	101.135	107,203.10	5,618	5.24



TRADE DATE - INCOME ACCRUALS Page 23

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
19,000	PNC FINANCIAL SERVICES 5.676% 01/22/2035 693475BW4	19,128.40	101.872	19,355.68	1,078	5.57
55,000	PACIFIC GAS & ELECTRIC 2.5% 02/01/2031 694308JG3	51,819.73	85.857	47,221.35	1,375	2.91
111,000	PFIZER INVT ENTERPRISES PTE 4.45% 05/19/2028 716973AC6	110,594.73	100.503	111,558.33	4,940	4.43
53,000	PHILIP MORRIS INTL INC 5.625% 11/17/2029 718172CW7	53,671.22	104.282	55,269.46	2,981	5.39
81,000	PLAINS ALL AMER PIPELINE 3.55% 12/15/2029 72650RBM3	76,000.01	94.50	76,545.00	2,876	3.76
60,000	PRAXAIR INC 1.1% 08/10/2030 74005PBT0	56,203.39	85.083	51,049.80	660	1.29
44,000	QUANTA SERVICES INC 2.9% 10/01/2030 74762EAF9	42,194.21	90.726	39,919.44	1,276	3.20
86,000	REINSURANCE GROUP OF AMERICA INC 3.9% 05/15/2029 759351AN9	88,601.42	97.351	83,721.86	3,354	4.01
12,000	RENAISSANCERE HLDGS LTD 5.8% 04/01/2035 75968NAG6	11,978.69	100.562	12,067.44	696	5.77
45,000	ROGERS COMMUNICATIONS 3.2% 03/15/2027 775109CG4	43,469.94	97.826	44,021.70	1,440	3.27
47,000	ROPER TECHNOLOGIES INC ROPER TECHNOLOGIES INC 4.9% 10/15/2034 776696AJ5	46,772.05	96.856	45,522.32	2,303	5.06
49,000	ROYALTY PHARMA PLC 2.2% 09/02/2030 78081BAK9	41,892.81	87.13	42,693.70	1,078	2.52
145,000	SBA TOWER TRUST 1.631% 05/15/2051 78403DAT7	145,000.00	95.0331	137,797.97	2,365	1.72



TRADE DATE - INCOME ACCRUALS Page 24

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
72,000	SABINE PASS LIQUEFACTION 4.2% 03/15/2028 785592AU0	70,137.34	99.006	71,284.32	3,024	4.24
71,000	SCHLUMBERGER FIN CA 1.4% 09/17/2025 80685XAC5	69,854.56	99.034	70,314.14	994	1.41
97,000	CHARLES SCHWAB CORP 5.853% 05/19/2034 808513CE3	98,104.91	104.12	100,996.40	5,677	5.62
116,000	SHELL INTL FIN 2.5% 09/12/2026 822582BX9	113,063.76	97.941	113,611.56	2,900	2.55
42,000	JM SMUCKER CO 6.2% 11/15/2033 832696AX6	43,100.25	106.048	44,540.16	2,604	5.85
56,000	SYNOPSYS INC 5.15% 04/01/2035 871607AE7	55,950.72	98.813	55,335.28	2,884	5.21
56,000	SYSCO CORP 5.1% 09/23/2030 871829BU0	55,986.00	101.33	56,744.80	2,856	5.03
36,000	SYSCO CORP SYSCO CORPORATION 5.4% 03/23/2035 871829BV8	35,972.64	99.786	35,922.96	1,944	5.41
75,000	T-MOBILE USA INC 5.2% 01/15/2033 87264ACV5	75,087.84	100.237	75,177.75	3,900	5.19
78,000	T-MOBILE USA INC 5.15% 04/15/2034 87264ADF9	77,848.00	99.716	77,778.48	4,017	5.16
44,000	TENNESSEE VALLEY AUTHORITY 4.375% 08/01/2034 880591FB3	43,607.96	97.841	43,050.04	1,925	4.47
135,000	TRUIST FINANCIAL CORP 5.122% 01/26/2034 89788MAM4	135,402.62	97.881	132,139.35	6,915	5.23
31,000	TRUIST FINANCIAL CORP 7.161% 10/30/2029 89788MAQ5	31,743.05	107.599	33,355.69	2,220	6.66
58,000	TYCO ELECTRONICS GROUP TYCO ELECTRONICS GROUP 5% 05/09/2035 902133BD8	57,362.58	97.557	56,583.06	2,900	5.13



TRADE DATE - INCOME ACCRUALS Page 25

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
200,000	UBS GROUP 5.617% 09/13/2030 902613BL1	199,916.00	102.889	205,778.00	11,234	5.46
79,000	UBER TECHNOLOGIES INC 4.3% 01/15/2030 90353TAN0	78,973.93	98.547	77,852.13	3,397	4.36
77,959.62	UNITED AIRLINES 2019-2 AA PTT 2.7% 05/01/2032 90932JAA0	74,346.70	88.2226	68,777.96	2,105	3.06
37,000	UNITED PARCEL SERVICE UNITED PARCEL SERVICE 5.25% 05/14/2035 911312CJ3	36,843.49	99.906	36,965.22	1,943	5.25
34,000	UNITEDHEALTH GROUP INC 5.15% 07/15/2034 91324PFJ6	33,507.34	98.586	33,519.24	1,751	5.22
255,000	VERIZON COMMUNICATIONS 1.68% 10/30/2030 92343VFX7	233,750.62	85.622	218,336.10	4,284	1.96
28,000	VIATRIS INC 2.3% 06/22/2027 92556VAC0	27,264.70	94.765	26,534.20	644	2.43
57,000	VICI PROPERTIES 4.95% 02/15/2030 925650AC7	55,992.24	99.206	56,547.42	2,822	4.99
54,000	VULCAN MATERIALS 4.95% 12/01/2029 929160BB4	53,976.53	101.204	54,650.16	2,673	4.89
48,000	WP CAREY INC 5.375% 06/30/2034 92936UAM1	47,566.41	98.645	47,349.60	2,580	5.45
133,000	WELLS FARGO & COMPANY 5.557% 07/25/2034 95000U3F8	133,790.30	101.027	134,365.91	7,391	5.50
40,000	WELLS FARGO & COMPANY 5.244% 01/24/2031 95000U3P6	40,000.00	101.414	40,565.60	2,098	5.17
49,000	WESTERN MIDSTREAM OPERAT 6.15% 04/01/2033 958667AE7	49,459.34	101.998	49,979.02	3,014	6.03



TRADE DATE - INCOME ACCRUALS Page 26

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZ STATEMENTS

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
60,000	WEYERHAEUSER CO 4% 04/15/2030 962166BY9	58,388.98	96.70	58,020.00	2,400	4.14
	TOTAL CORPORATE BONDS	9,631,794.74		9,553,220.87	428,077	4.48

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 8b(2) — Schedule of Active Participant Data

Distribution of Active Members By Age and Service as of June 1, 2024 Count By Age/Service											
Age	Benefit Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	3	1	0	0	0	0	0	0	0	0	4
25 to 29	1	13	2	0	0	0	0	0	0	0	16
30 to 34	4	21	21	3	0	0	0	0	0	0	49
35 to 39	1	27	20	9	3	1	0	0	0	0	61
40 to 44	16	13	9	4	14	8	5	1	0	0	70
45 to 49	4	3	8	5	8	15	9	6	1	0	59
50 to 54	1	1	5	7	4	13	13	9	2	1	56
55 to 59	0	2	5	4	4	9	9	13	6	9	61
60 to 64	0	2	0	0	2	4	6	3	0	8	25
65 to 69	0	0	0	0	0	0	0	1	0	2	3
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	30	83	70	32	35	50	42	33	9	20	404

Average Age = 45.10

Average Benefit Service = 15.60

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Charge Bases

Schedule of Amortization Charges Required for Minimum Required Contribution As of June 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	5/31/1996	\$ 983,074	30.00	\$ 147,918	2.00	\$ 76,460
2. Plan amendment	6/1/1997	997,712	30.00	217,683	3.00	77,522
3. Plan amendment	6/1/1998	715,710	30.00	201,358	4.00	55,558
4. Plan amendment	6/1/1999	1,805,461	30.00	614,262	5.00	140,012
5. Assumption change	6/1/1999	1,984,439	30.00	675,155	5.00	153,892
6. Plan amendment	6/1/2000	4,786,345	30.00	1,891,287	6.00	370,826
7. Plan amendment	6/1/2002	8,935,660	30.00	4,407,437	8.00	689,816
8. Plan amendment	6/1/2004	1,986,178	30.00	1,148,414	10.00	152,812
9. Plan amendment	6/1/2005	2,092,833	30.00	1,289,835	11.00	160,756
10. Plan amendment	6/1/2006	2,428,802	30.00	1,583,056	12.00	186,271
11. Recognized Portion of the 2009 ENIL	6/1/2009	6,902,801	29.00	4,987,306	14.00	532,966
12. Plan amendment	6/1/2010	2,719,023	15.00	284,660	1.00	284,660
13. Experience Loss	6/1/2012	1,532,289	15.00	448,605	3.00	159,759
14. Plan amendment	6/1/2013	2,324,074	15.00	876,473	4.00	241,831
15. Experience loss	6/1/2013	17,809	15.00	6,714	4.00	1,852
16. Assumption change	6/1/2014	1,366,557	15.00	622,644	5.00	141,923
17. Plan amendment	6/1/2015	2,517,363	15.00	1,330,900	6.00	260,951
18. Experience loss	6/1/2015	178,796	15.00	94,527	6.00	18,534
19. Plan amendment	6/1/2016	2,539,687	15.00	1,515,363	7.00	262,785
20. Experience loss	6/1/2016	2,061,492	15.00	1,230,037	7.00	213,306
21. Plan amendment	6/1/2017	2,754,054	15.00	1,817,513	8.00	284,462
22. Experience loss	6/1/2017	1,860,087	15.00	681,751	8.00	106,702
23. Plan amendment	6/1/2018	2,735,051	15.00	1,966,007	9.00	282,014
24. Experience loss	6/1/2018	1,647,238	15.00	1,184,064	9.00	169,848
25. Plan amendment	6/1/2019	2,802,428	15.00	2,167,993	10.00	288,480
26. Experience loss	6/1/2019	1,368,259	15.00	1,058,502	10.00	140,848
27. Plan amendment	6/1/2020	3,039,450	15.00	2,506,350	11.00	312,373
28. Experience loss	6/1/2020	2,062,555	15.00	1,700,795	11.00	211,975
29. Plan amendment	6/1/2021	2,638,088	15.00	2,300,581	12.00	270,699
30. Assumption change	6/1/2021	8,621,635	15.00	7,518,620	12.00	884,682
31. Plan amendment	6/1/2022	2,759,927	15.00	2,532,579	13.00	283,201
32. Experience loss	6/1/2023	3,725,152	15.00	3,576,911	14.00	382,245
33. Plan amendment	6/1/2023	2,673,674	15.00	2,567,276	14.00	274,350
34. Plan amendment	6/1/2024	2,530,719	15.00	2,530,719	15.00	259,682
TOTAL CHARGES		\$ 90,094,422		\$ 57,683,295		\$ 8,334,053

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Credit Bases (Continued)

Schedule of Amortization Credits Required for Minimum Required Contribution As of June 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption change	6/1/2000	\$ 2,420,140	30.00	\$ 956,299	6.00	\$ 187,502
2. Experience gain	6/1/2010	3,242,257	15.00	339,438	1.00	339,438
3. Experience gain	6/1/2011	2,463,258	15.00	497,852	2.00	257,344
4. Assumption change	6/1/2012	1,370,281	15.00	401,174	3.00	142,867
5. Experience gain	6/1/2014	13,595	15.00	6,192	5.00	1,411
6. Experience gain	6/1/2021	3,992,788	15.00	3,481,968	12.00	409,707
7. Experience gain	6/1/2022	1,644,665	15.00	1,509,186	13.00	168,762
8. Experience gain	6/1/2024	402,579	15.00	402,579	15.00	41,309
TOTAL CREDITS		\$ 15,549,563		\$ 7,594,688		\$ 1,548,340
NET CHARGE				\$ 50,088,607		\$ 6,785,713

Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

- The RPA '94 current liability interest rate was changed from 2.80% to 3.63% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table to comply with appropriate guidance.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Credit Bases (Continued)

Schedule of Amortization Credits Required for Minimum Required Contribution As of June 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption change	6/1/2000	\$ 2,420,140	30.00	\$ 956,299	6.00	\$ 187,502
2. Experience gain	6/1/2010	3,242,257	15.00	339,438	1.00	339,438
3. Experience gain	6/1/2011	2,463,258	15.00	497,852	2.00	257,344
4. Assumption change	6/1/2012	1,370,281	15.00	401,174	3.00	142,867
5. Experience gain	6/1/2014	13,595	15.00	6,192	5.00	1,411
6. Experience gain	6/1/2021	3,992,788	15.00	3,481,968	12.00	409,707
7. Experience gain	6/1/2022	1,644,665	15.00	1,509,186	13.00	168,762
8. Experience gain	6/1/2024	402,579	15.00	402,579	15.00	41,309
TOTAL CREDITS		\$ 15,549,563		\$ 7,594,688		\$ 1,548,340
NET CHARGE				\$ 50,088,607		\$ 6,785,713

Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

- The RPA '94 current liability interest rate was changed from 2.80% to 3.63% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table to comply with appropriate guidance.

**Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001**

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods

Actuarial Basis

Actuarial Cost Method:

Individual Entry Age Normal Actuarial Funding Method

Actuarial Value of Assets:

The Actuarial Value of Assets is equal to the Market Value of Assets less unrecognized returns in each of the last five years. Unrecognized returns are equal to the asset gain or loss on a market value basis and are recognized 20% per year (with the exception of the 2008-2009 plan year loss which is recognized at a rate of 10% per year due to funding relief) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

A. Valuation Date: June 1, 2024

B. Interest Rate:

- a. Funding: 7.00% per annum
- b. RPA '94 Current Liability: 3.63% per annum
- c. Withdrawal Liability: 7.00% per annum

C. Mortality:

- a. **Funding:**
 - i. Non-Disabled Participants: 130% of the RP-2014 Healthy Mortality Table with Blue Collar Adjustment
 - ii. Disabled Participants: 130% of the RP-2014 Disability Mortality Table
- b. **RPA '94 Current Liability:** IRS 2024 Static Mortality Table

D. Rates of Turnover:

Termination of employees from participation in the Plan is decremented in accordance with the table below, which is based on actual plan experience. The following termination rates are illustrative of the table:

Age	Rate
20	0.0544
25	0.0529
30	0.0507
35	0.0470
40	0.0419
45	0.0354
50	0.0248
55	0.0094
60	0.0009

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (Continued)

E. Rates of Disability:

The following Disability Rates are illustrative of the table:

Age	Rate
20	0.0006
25	0.0006
30	0.0006
35	0.0007
40	0.0011
45	0.0022
50	0.0046
55	0.0102
60	0.0161

F. Rates of Retirement:

For active members with less than 30 years of Benefit Service:

Age	Rate
60 - 61	0.050
62	0.500
63	0.350
64	0.450
65	1.000

For active members with 30 or more years of benefit service:

Age	Rate
55 – 59	0.025
60	0.250
61	0.150
62	0.500
63	0.350
64	0.450
65+	1.000

G. Expenses:

\$360,000 payable at the middle of the plan year.

**Schedule MB Attachment (Form 5500) — 2024 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001**

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (Continued)

H. Service after Valuation Date:

The average Benefit Service earned by active participants is assumed to equal 1.0 Benefit Service credits per year. This is based on a historical average.

I. Percent Married:

85% married with 90% of married couples selecting the 50% Joint and Survivor payment form.

J. Age of Spouse:

Husbands are assumed to be two years older than their wives.

K. Rationale for Economic Assumptions

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 7.00% discount rate is based on the Trustees risk preference, the Fund's current asset allocation, and the investment manager's capital market outlook.

L. Rationale for Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report are based upon an experience study completed prior to the valuation for the June 1, 2014 plan year.

M. Summary of Changes since the Last Valuation

- The RPA '94 current liability interest rate was changed from 2.80% to 3.63% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table to comply with appropriate guidance.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	319,057.	272,309.
DUE FROM RELATED ORGANIZATION	51,257.	25,988.
DUE FROM BROKER	109,236.	180,568.
OTHER RECEIVABLES	875.	24,976.
PREPAID EXPENSES	25,567.	10,754.
TOTAL TO SCHEDULE H, LINE 1B(3)	505,992.	514,595.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	278,254.	491,269.
DUE TO RELATED ORGANIZATION	3,446.	1,837.
TOTAL TO SCHEDULE H, LINE 1J	281,700.	493,106.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
CONFERENCES AND MEETINGS		4,952.
INSURANCE AND BONDING		20,989.
PENSION BENEFIT GUARANTY PREMIUM		36,926.
PRINTING, POSTAGE AND OTHER		2,656.
TOTAL TO SCHEDULE H, LINE 2I(11)		65,523.

SCHEDULE MB

CONTRIBUTIONS MADE TO THE PLAN FOR THE
PLAN YEAR BY EMPLOYER(S) AND EMPLOYEES

STATEMENT 4

(A) DATE	(B) AMOUNT PAID BY EMPLOYER(S)	(C) AMOUNT PAID BY EMPLOYEES
06/15/2024	20,215	
07/15/2024	596,738	
08/15/2024	727,957	
09/15/2024	748,842	
10/15/2024	695,505	
11/15/2024	692,400	
12/15/2024	610,180	
01/15/2025	603,368	
02/15/2025	589,917	
03/15/2025	509,724	
04/15/2025	542,744	
05/15/2025	546,689	
06/15/2025	659,191	
07/15/2025	90,871	
SCHEDULE MB, LINE 3	7,634,341	

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>06/01/2024</u> and ending <u>05/31/2025</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☐ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>12/26/1950</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PL 4225 LAWNDALE LYONS IL 60534	2b Employer Identification Number (EIN) <u>36-6034076</u> 2c Plan Sponsor's telephone number <u>708-443-9000</u> 2d Business code (see instructions) <u>238100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>5-6-26</u>	MICHAEL MABUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>5/5/26</u>	MATTHEW SHAPIRO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year

5

998

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a (1) Total number of active participants at the beginning of the plan year

6a(1) 406

a (2) Total number of active participants at the end of the plan year

6a(2) 398

b Retired or separated participants receiving benefits

6b 350

c Other retired or separated participants entitled to future benefits

6c 124

d Subtotal. Add lines 6a(2), 6b, and 6c

6d 872

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e 126

f Total. Add lines 6d and 6e

6f 998

g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

6g(1)

(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g(2)

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

68

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ R (Retirement Plan Information)
 (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 (4) ☐ DCG (Individual Plan Information) - Number Attached _____
 (5) ☐ MEP (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ H (Financial Information)
 (2) ☐ I (Financial Information - Small Plan)
 (3) ☒ A (Insurance Information) - Number Attached 1
 (4) ☒ C (Service Provider Information)
 (5) ☒ D (DFE/Participating Plan Information)
 (6) ☐ G (Financial Transaction Schedules)

GLAZIERS' UNION LOCAL NO. 27 PENSION AND RETIREMENT PLAN
36-6034076 Plan 001
SCHEDULE SUPPORTING FORM 5500 FOR 2024

(a) Identity of Party Involved	(b) Description of Security	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(e) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
	Goldman Financial Square Gov't-A (222 purchases)	\$ 26,133,079	\$ -	\$ -	\$ -	\$ 26,133,079	\$ 26,133,079	\$ -
	Goldman Financial Square Gov't-A (94 sales)	-	27,259,036	-	-	27,259,036	27,259,036	-

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025		

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Glaziers' Local No. 27 Pension and Retirement Plan Glaziers' Local No. 27 Pension and Retirement Plan	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, Glaziers' Local	D Employer Identification Number (EIN) 36-6034076

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 6 Day 1 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 182,215,141
(2) Actuarial value of assets for funding standard account	1b(2) 179,774,533
c (1) Accrued liability for plan using immediate gain methods	1c(1) 185,932,537
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 173,651,040
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 296,616,753
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5,970,461
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11,196,327
(3) Expected plan disbursements for the plan year	1d(3) 11,728,625

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Joseph Mara Jr. Signature of actuary Joseph Mara Jr. Type or print name of actuary CHEIRON, INC. Firm name 230 WEST MONROE STREET, SUITE 650 CHICAGO IL 60606 Address of the firm	1/30/2026 Date 23-06992 Most recent enrollment number (703) 893-1456 Telephone number (including area code)
---	---

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	182,215,141
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	473	147,462,769
(2) For terminated vested participants	126	22,316,974
(3) For active participants:		
(a) Non-vested benefits		17,012,934
(b) Vested benefits		109,824,076
(c) Total active	404	126,837,010
(4) Total	1,003	296,616,753
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.43 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2024	20,215		11/15/2024	692,400	
07/15/2024	596,738		12/15/2024	610,180	
08/15/2024	727,957		01/15/2025	603,368	
09/15/2024	748,842		02/15/2025	589,917	
10/15/2024	695,505		03/15/2025	509,724	
Totals ▶			3(b)	7,634,341	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total**3(d)****4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	103.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☒ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.63 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.8%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.2%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	348,025
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-402,579	-41,309
3	2,530,719	259,682

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,917,430

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	57,683,295	8,334,053
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 717,604**e** Total charges. Add lines 9a through 9d.....**9e** 10,969,087**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 43,930,604**g** Employer contributions. Total from column (b) of line 3.....**9g** 7,634,341**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	7,594,688	1,548,340

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3,416,820**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	55,646,460	
9j(2)	91,575,077	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 56,530,105**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 45,561,018**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

Plan Name	Glaziers' Local No. 27 Pension and Retirement Plan Glaziers' Local No. 27 Pension and Retirement Plan	EN:	36-6034076
Plan Sponsor's Name	Board of Trustees, Glaziers' Local	PN:	001

[illegible]